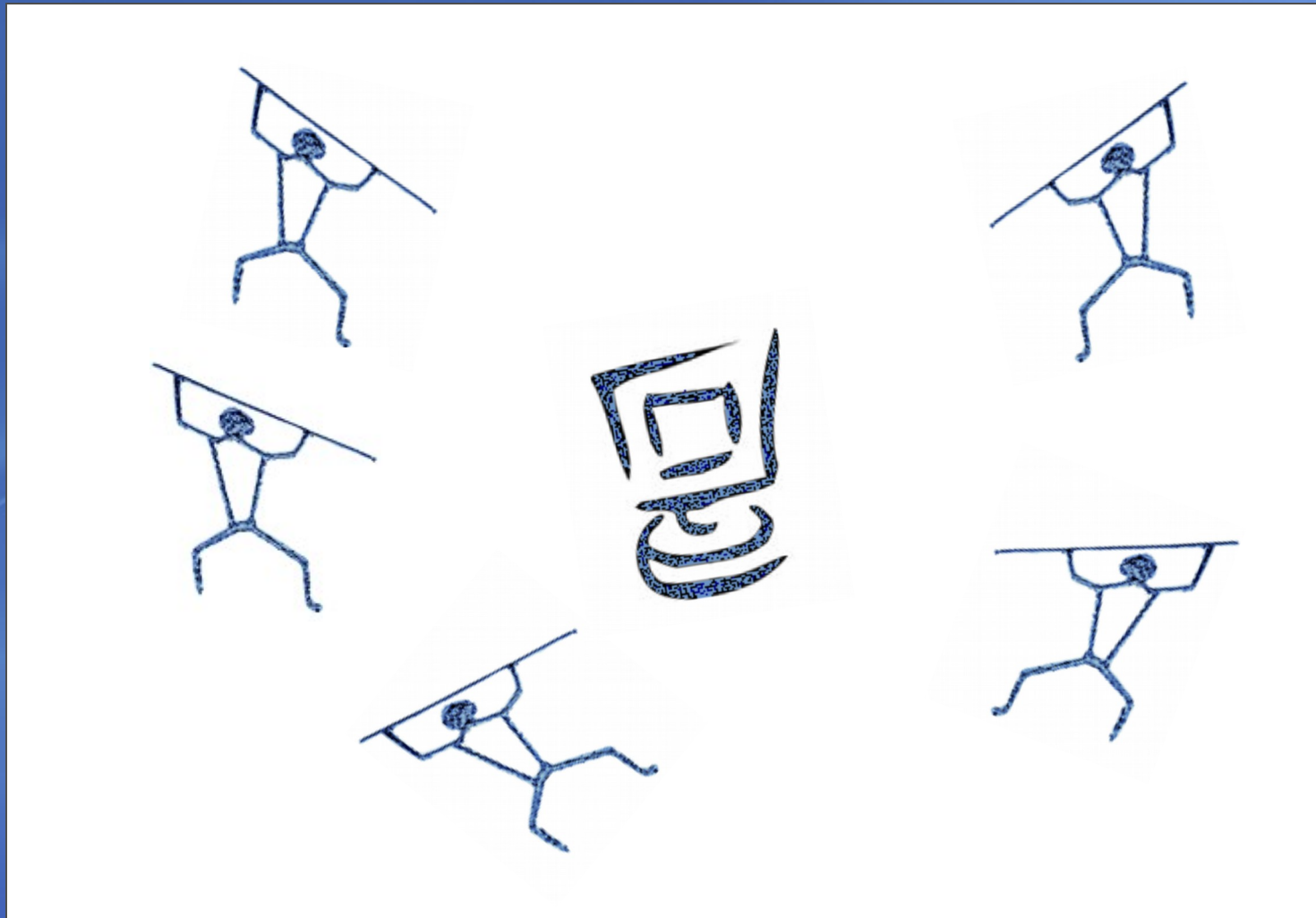# Navy Data Quality Management Control Program (DQMCP)

DQMCP Conference Navy Breakout

Early Data Quality...

MTF DQMCP Components

- Critical MTF Staff:

  Commanding Officer / ESC, Data Quality Manager, Data Quality Assurance Team

- DQMC Review List:

  Internal tool to identify and correct financial / clinical workload data and processes

- Monthly DQMC Commander's Statement:

  Monthly statement forwarded through the MTF Regional Command to BUMED and TMA

DQMCP MTF Teams

- Meets Regularly With DQMC Manager
- Acts as Subject Matter Experts
- Identifies / Resolves Internal DQMC Issues
- Team Membership (minimum):
  – MEPRS
  – Coding / PAD / Medical Records
  – CHCS, AHLTA, and ADM Experts
  – Physician / Provider Champion
  – Executive Link
  – Business Analysts

DQMCP Review List

Organizational Factors

Ensure accurate, complete and timely

Data Output

IA, access breach

System Design and Training

Leadership commitment and DQMC structure

Data Input

Timely and accurate

Security

System administrator ID, IT business processes

MTFs
DQMCP execution, Review List, Commander's Statement, CO briefs, and communication of issues to regional representatives.

BUMED
Program management, oversight, policy and strategies.

REGIONS
Regional consolidation of Commander's Statements, DQMCP coordination, issue resolution, audits and training.

NMSC
Systems execution, website maintenance / development, and DQMCP support.

DQMCP Points of Contact

BUMED	NMSC	NAVMISSA	NME	NCA	NMW

NAVMISSA Consolidated Call Center

- **"Who do I call?"**
  - The Customer Support Request (CSR) process has been created so that the Consolidated Call Center can handle all incoming requests.
  - Low and medium complexity problems can now be handled over the phone under the guidance of established business rules.
  - Complex problems are routed in real time to the subject matter experts who now have access to the support application.

- **"How do I know the status of my problem?"**
  - Broken functions to existing products are closely monitored by the NAVMISSA DQMCP Program Manager.
  - Weekly status reports will be sent / posted to the field to provide visibility.

  - Your problem is not considered solved until you say it is solved.

- **"What if I have a new need or good idea?"**
  - A robust and responsive governance process will aid the customer in how to best bring new ideas into NAVMISSA for consideration and execution.
  - Once requirements are understood and assets (budgeting / manpower) are reconciled, a monthly status report is sent / posted to the field.

Recurring DQMCP Tasks

Daily

- SADR Transmission
- End of Day (EOD)
- Coding Compliance

Monthly

- SIDR Transmission
- WWR Transmission
- Appt. File Transmission
- DRG File Transmission
- EAS File Transmission
- EAS / Financial Reconciliation
- DMHRSi Timecards 100% Completed
- MEWACS Review
- Coding Audits
- DQMCP Review List
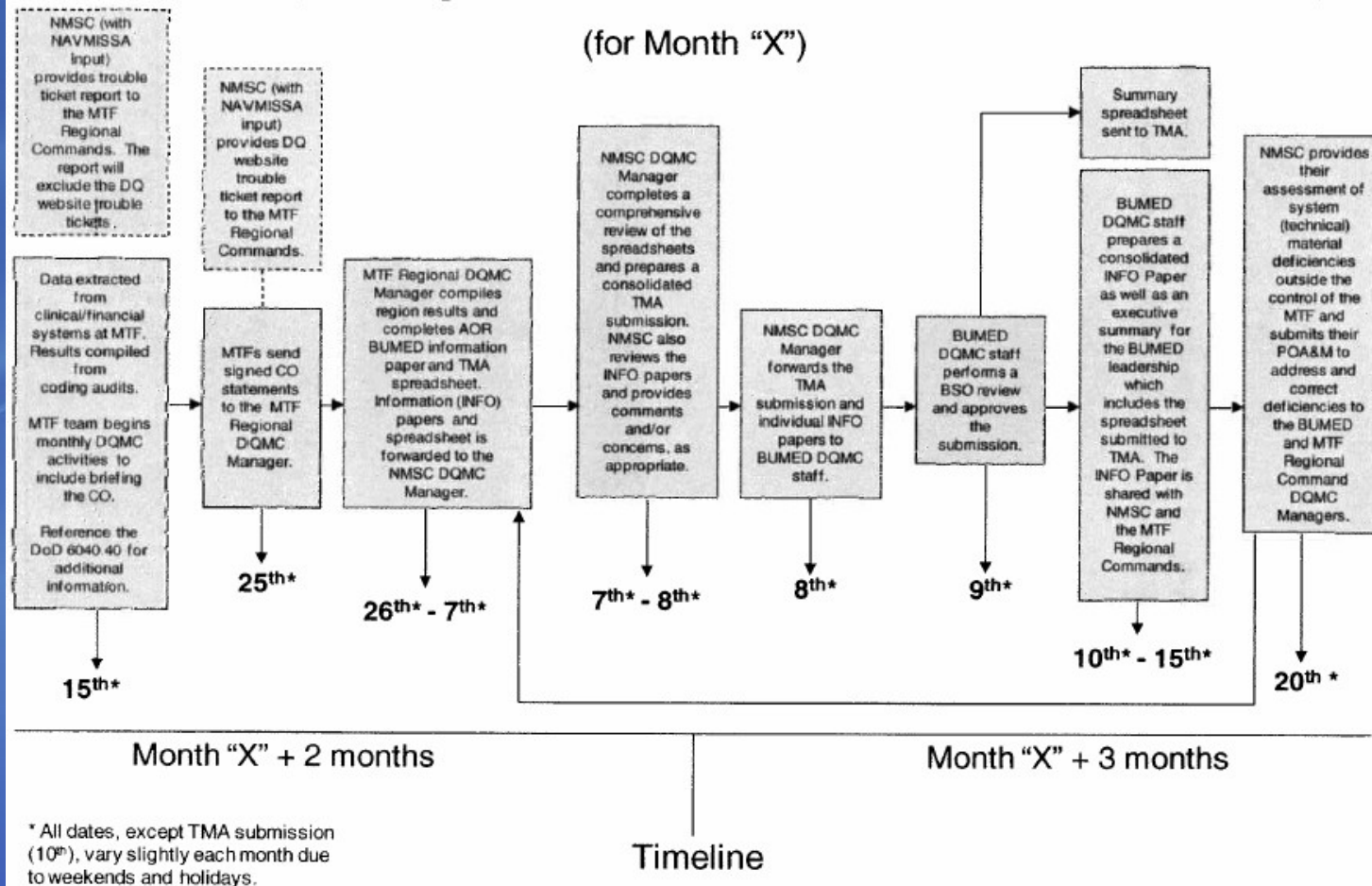- Commander's Statement

Annually

- Coding Table Updates
- DMIS ID Table Updates
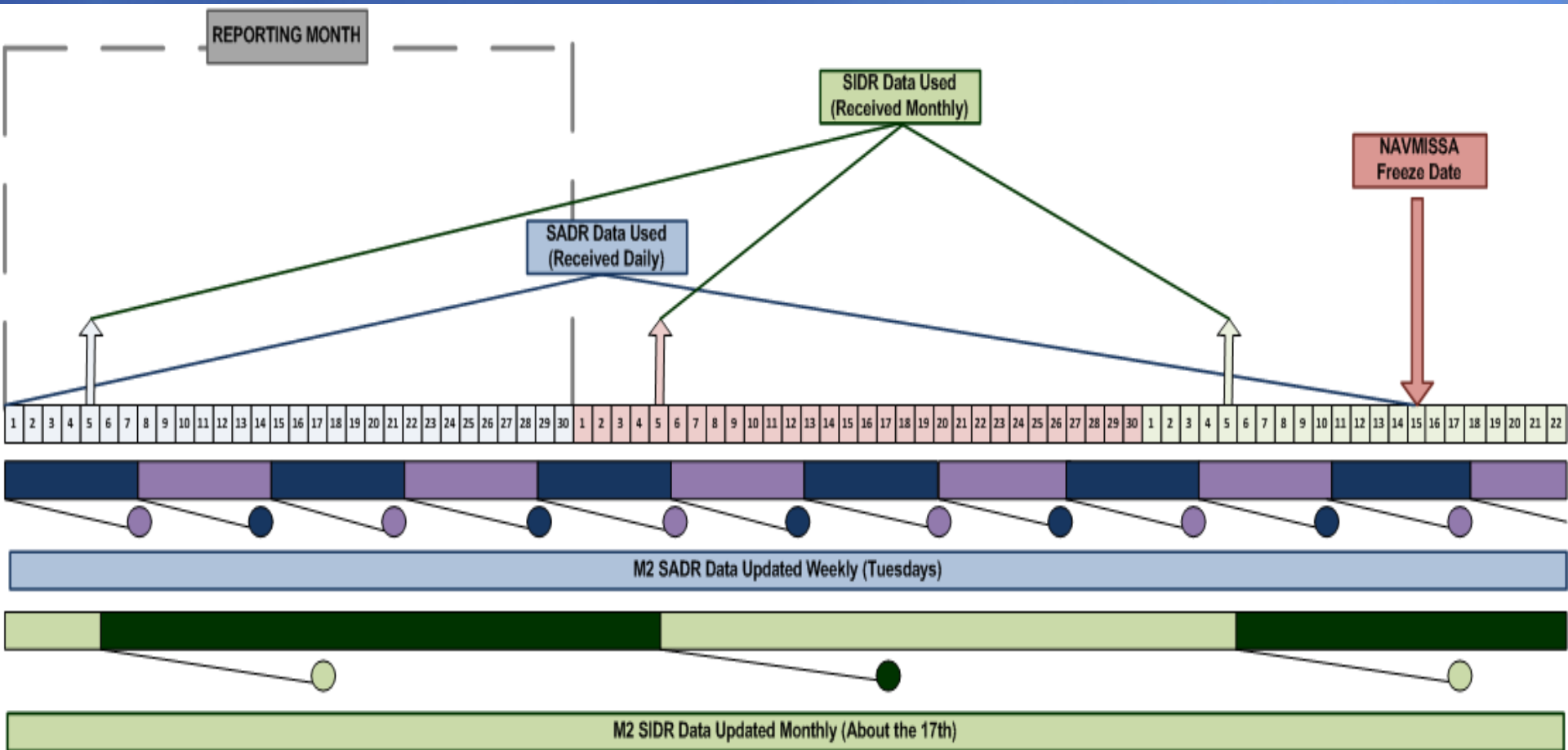- EAS Table Updates
- MEPRS Code Changes

Reporting Timeframes for DOMCP

FY 09 Reporting Timeframes & Submission Process

(for Month "X")

Reporting Timeframe Issues

Commander's Statement Overview

- 11 Questions, 36 Individual Elements

- Submitted monthly to BUMED via the Regional Commands (and sent to TMA via BUMED)

- Signed and reviewed by the Commanding Officer

- The month reported on the statement is two months behind the current month (March's submission is for January data)

- When a system-wide issue prevents completing an element of the eDQ, BUMED will provide a standard response for the MTEs to use

Commander's Statement Overview

- For any question where a difference between an MTF's submission and the automatic eDQ calculation is greater than 2%, a NAVMISSA Trouble Ticket # (and source for the local number) must be included in the comments section.

- MTFs are required to provide comments, an MHS Trouble Ticket and a POAM for actions being taken to resolve non-compliant (<80%) metrics and metrics that have significantly decreased (10% or more) from the prior month.

1 (a, b)

1a : EOD Every Clinic, Every Day
1b : EOD Every Appointment, Every Day

Methodology:
- Two timeframes:
  - Clinics with normal hours complete EOD by midnight
  - 24 / 7 Clinics complete EOD by 0600 the next calendar day
- 1a - # of Clinics with 100% EOD / # of Open Clinic Days
- 1b - # of Appointments Closed by midnight (or 0600) / # of Appointments

Includes:
- MEPRS Codes B*** and FBN*
- Appointment status KEPT, WALK-IN or SICK CALL

Excludes:
- Appointment status of T-CON, CANCELLED, ADMIN or LWOBS
- Appointments not within the reporting month

to-Populated by the NAVMISSA eDQ*

2 (a) **2a : SADRs Coded in 3 <u>Business</u> Days**

Methodology:
- Compliance is determined by the number of business days between the appointment date and the date a SADR is transmitted.
- 2a - # of SADRs coded within 3 business days / Total SADRs

Includes:
- MEPRS Codes B*** and FBN*

Excludes:
- APVs
- SADR Appointment Status CANCELLED, LWOBS, or ADMIN
- Weekends and Federal Holidays

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2 (b)

2b : APVs Coded in 15 <u>Calendar</u> Days

Methodology:
- Compliance is determined by the number of calendar days between the APV date and the date a SADR is transmitted.
- 2b - # of APVs coded within 15 calendar days / Total APVs

Includes:
- MEPRS Codes B**5, B**6 and B**7.
- *Note: APV flag is not currently used as it is not consistently utilized.*

Excludes:
- All other MEPRS Codes
- SADR Appointment Status CANCELLED, LWOBS, or ADMIN

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2 (c) ▸ 2c : SIDRs Coded in 30 <u>Calendar</u> Days

Methodology:
- Compliance is determined by the number of calendar days between the disposition date ("E" records) and the date a SIDR is coded ("D" records).
- Date coded is determined by the DRG assignment date transmitted to NAVMISSA in the DRG file.
- 2c - # of SIDRs coded within 30 calendar days / Total SIDRs

Includes:
- All "D" and "E" SIDRs

Excludes:
- SIDR files received after the 15th of the month freeze.
- Any "F" SIDRs
- Resource Sharing and VA workload

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3 (a, b)

3a : MEPRS/EAS Financial Reconciliation
3b: MEWACS Reviewed and Anomalies Explained

Methodology:
- Both questions are answered "Yes" or "No" by each MTF.
- 3a – Financial reconciliation must be completed, validated and approved prior to the monthly MEPRS transmission.
- 3b – MTFs must review the current version, regardless of whether it matches the reporting month or not (this question should always be "Yes").

Includes:
- Not applicable

Excludes:
- Not applicable

4 ander's Statement – Data Transmission

4 (a-c)

4a : MEPRS/EAS in 45 <u>Calendar</u> Days
4b : SIDR by 4th <u>Business</u> Day
4c : WWR by 8th <u>Calendar</u> Day

Methodology:
- All three measures are "Yes" or "No" and calculated based on the day the files were successfully transmitted to NAVMISSA, not when the transmissions were attempted.
- **If 4a is "No", questions 8c and 8d are automatically 0% (BUMED 6040).**
- *Note: For 4b and 4c, compliance is measured by 5th Business Day and 10th Calendar day for TMA reporting purposes.*

Includes:
- MEPRS/EAS – 1 File per Parent DMIS
- SIDR / WWR – Number of files expected is MTF dependent.

Excludes:
- Re-submissions (updated data) do not count against this metric.

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4 (d)

4d : SADR Transmitted Daily

Methodology:
- SADR transmissions are reported as a percentage, since they are the only file transmitted multiple times in a month.
- Every DMIS (Parent and Child) should have a SADR file transmitted each day (even if the file is empty).
- Logic for sites (especially overseas) is based on time zones and CHCS ETU settings.

Includes:
- All Navy DMIS IDs.

Excludes:
- Not applicable.

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5 (a) **5a : DRG Accuracy**

Methodology:
- # of correct DRG codes / Total # of DRG codes

Includes:
- 30 Inpatient dispositions per reporting month (or 100% if fewer than 30 dispositions).

Excludes:
- Resource sharing and VA facilities report "N/A" for this metric.
- MTFs without any inpatient services or external partnerships report "N/A" for the entire 5-series (5a-5f).

4 **der's Statement – Inpatient Coding Audit**

5 (b-d)

5b : Inpatient Professional Services Rounds <u>E&M</u> Accuracy
5c : Inpatient Professional Services Rounds <u>ICD9</u> Accuracy
5d : Inpatient Professional Services Rounds <u>CPT</u> Accuracy

Methodology:
- 5b – # of Correct E&M codes / Total # of E&M codes
- 5c – # of Correct ICD9 codes / Total # of ICD9 codes
- 5d – # of Correct CPT codes / Total # of CPT codes
- *Note: The denominator is <u>not</u> the # of IPS rounds audited.*

Includes:
- One calendar day of the attending professional services during each audited hospitalization (from 5a) is randomly selected. For admissions greater than one day, odd registration numbers have the first day audited, even numbers the second day.

Excludes:
- MTFs without any inpatient services or external partnerships report "N/A" for the entire 5-series (5a-5f).

4 der's Statement – Inpatient Coding Audit

5 (e, f) → 5e : DD Form 2569 Completed and Current
5f : DD Form 2569 Correct in CHCS Patient Insurance
   Information Module (PIIM)

Methodology:
- 5e – # of Available DD 2569's (completed and signed within the last 12 months) /   # of Non-Active Duty records audited
- 5f – # of Records from the numerator of 5e correct in PIIM   /   Numerator from 5e
- Notice that the basis for 5f is the number from 5e that are completed and signed within the last 12 months.

Includes:
- Non-Active Duty Records.

Excludes:
- Overseas MTFs currently report "N/A" for both 5e and 5f.
- Active Duty records.

4 ler's Statement – Outpatient Coding Audit

6 (a) | 6a : Encounter Documentation Available

Methodology:
- Consists of 30 randomly selected records.
- If a record is documented as being checked out within the <u>facility</u>, it <u>is counted</u> as available. If a record is documented as being checked out to a <u>patient</u>, it <u>is not counted</u> as available.
- 6a – # of Available records / 30

Includes:
- Documentation from medical record, loss (hard copy) or electronic documentation (AHLTA)

Excludes:
- Not applicable

ler's Statement – Outpatient Coding Audit

6 (b-d)

6b : Outpatient Encounter <u>E&M</u> Accuracy
6c : Outpatient Encounter <u>ICD9</u> Accuracy
6d : Outpatient Encounter <u>CPT</u> Accuracy

Methodology:
- 6b – # of Correct E&M codes / Total # of E&M codes
- 6c – # of Correct ICD9 codes / Total # of ICD9 codes
- 6d – # of Correct CPT codes / Total # of CPT codes
- *Note: The denominator is <u>not</u> the # of encounters audited.*

Includes:
- Not applicable.

Excludes:
- Not applicable.

4 ler's Statement – Outpatient Coding Audit

6 (e, f)

6e : DD Form 2569 Completed and Current
6f : DD Form 2569 Correct in CHCS Patient Insurance
Information Module (PIIM)

Methodology:
- 6e – # of Available DD 2569's (completed and signed within the last 12 months)   /   # of Non-Active Duty records audited
- 6f – # of Records from the numerator of 6e correct in PIIM   /   Numerator from 6e
- Notice that the basis for 6f is the number from 6e that are completed and signed within the last 12 months.

Includes:
- Non-Active Duty Records.

Excludes:
- Overseas MTFs currently report "N/A" for both 6e and 6f.
- Active Duty records.

7 (a) **7a : APV Encounter Documentation Available**

Methodology:
- Consists of 30 randomly selected records.
- If a record is documented as being checked out within the <u>facility</u>, it <u>is counted</u> as available.
- If a record is documented as being checked out to a <u>patient</u>, it <u>is not counted</u> as available.
- 7a – # of Available records / 30

Includes:
- Documentation from medical record, loss (hard copy) or electronic documentation (AHLTA)

Excludes:
- Not applicable

ander's Statement – APV Coding Audit

7 (b, c)

7b : Outpatient Encounter <u>ICD9</u> Accuracy
7c : Outpatient Encounter <u>CPT</u> Accuracy

Methodology:
- Sample size must be a minimum of 30 APVs (or 100%, if less than 30 APVs were completed).
- 7b – # of Correct ICD9 codes / Total # of ICD9 codes
- 7c – # of Correct CPT codes / Total # of CPT codes
- *Note: The denominator is <u>not</u> the # of encounters audited.*

Includes:
- Not applicable.

Excludes:
- Not applicable.

7 (d, e)

7d : DD Form 2569 Completed and Current
7e : DD Form 2569 Correct in CHCS Patient Insurance
**   Information Module (PIIM)**

Methodology:
- 7d – # of Available DD 2569's (completed and signed within the last 12 months)   /   # of Non-Active Duty records audited
- 7e – # of Records from the numerator of 6e correct in PIIM   /   Numerator from 7d
- Notice that the basis for 7e is the number from 7d that are completed and signed within the last 12 months.

Includes:
- Non-Active Duty Records.

Excludes:
- Overseas MTFs currently report "N/A" for both 7d and 7e.
- Active Duty records.

8 (a) 8a : SADR to WWR Comparison

Methodology:
- SADRs transmitted to NAVMISSA are used to calculate the numerator.
- WWR workload category "Outpatient Visits" is used for the denominator.
- The percentage should always be greater than or equal to 100%.
- 8a - # of SADRs (Count + Non-Count) / WWR Outpatient Visits

Includes:
- MEPRS Codes B*** and FBN*
- APVs and Resource Sharing are included.

Excludes:
- SADR Appointment Status CANCELLED, LWOBS, or ADMIN

to-Populated by the NAVMISSA eDQ*

8 (b) | 8b : SIDR to WWR Comparison

Methodology:
- SIDRs transmitted to NAVMISSA are used to calculate the numerator.
- WWR workload category "Dispositions" is used for the denominator.
- The percentage should not be greater than 100%. If for any reason the result is greater than 100%, the result is converted to be less (for example, 110% would be changed to 90%).
- 8b - # of SIDR Dispositions / WWR Dispositions

Includes:
- "D" SIDRs

Excludes:
- "E" or "F" SIDRs
- Resource Sharing or VA workload

...to-Populated by the NAVMISSA eDQ*

8 (c) ⟶ **8c : EAS Visits to WWR Visits Comparison**

Methodology:
- EAS Visits are pulled from the EAS repository by NAVMISSA.
- WWR workload category "Outpatient Visits" is used for the denominator.
- The percentage should not be greater than 100%. If for any reason the result is greater than 100%, the result is converted to be less (for example, 110% would be changed to 90%).
- 8c - # of EAS Visits / WWR Outpatient Visits
- **Note: If an MTF answers "No" for 4a, 8c is automatically 0% (BUMED 6040)**

Includes:
- MEPRS Codes B*** and FBN*
- APVs and Resource Sharing are included.

Excludes:
- Not Applicable

8 (d) 8d : EAS Dispositions to WWR Dispositions

Methodology:
- EAS Dispositions are pulled from the EAS repository by NAVMISSA.
- WWR workload category "Dispositions" is used for the denominator.
- The percentage should not be greater than 100%. If for any reason the result is greater than 100%, the result is converted to be less (for example, 110% would be changed to 90%).
- 8d - # of EAS Dispositions / WWR Dispositions
- **Note: If an MTF answers "No" for 4a, 8d is automatically 0% (BUMED 6040)**

Includes:
- EAS Dispositions and WWR Dispositions should also match the "D" + "E" SIDR total used in 2c.

Excludes:
- Resource Sharing and VA workload

to-Populated by the NAVMISSA eDQ*

8 (e) **8e : Inpatient Professional Services Rounds to WWR Bed**

Days + Dispositions Comparison

Methodology:
- IPS Rounds are obtained from the MTF SADR Transmissions.
- WWR workload categories "Dispositions" and "Occupied Bed Days" are used for the denominator.
- 8e - # of IPS Rounds / WWR OBDs + Dispositions

Includes:
- All A*** MEPRS Codes

Excludes:
- Any E*** MEPRS Codes

...to-Populated by the NAVMISSA eDQ*

9 (a)   **9a : AHLTA Utilization**

Methodology:
- The "Source System" field in MTF SADR Transmissions is used to determine whether the encounter was created in AHLTA or another system. This is also the same field used in M2.
- This metric only needs to be above 80% to be green, since AHLTA is not designed for all clinics.
- 9a - # of AHLTA Encounters / Total # of Encounters

Includes:
- MEPRS Codes B*** and FBN*
- ER, Optometry and other MEPRS Clinics are all <u>included</u> (BUMED 6040)

Excludes:
- Updates (eliminates the issue of CHCS or ADM updates changing the source system)

to-Populated by the NAVMISSA eDQ*

10 (a) ▶ 10a : Potential Duplicate Patient Records

Methodology:
- A standard CHCS report is provided to Host sites and is used to provide the raw data for this metric.
- Only sites that are a CHCS Host report this metric (others report "N/A").
- This metric is not "graded" (red/yellow/green) on the TMA report.
- 10a - # of Potential Duplicate Encounters

Includes:
- CHCS Host Sites

Excludes:
- Sites that are not CHCS Hosts

11 (a) ▸ **11a : Commander's Signature**

Methodology:
- The Commander or Officer in Charge signs the Commander's Statement indicating that it has been reviewed and acknowledged.
- This cannot be signed "By Direction". If the CO/OIC is away, the "Acting" may sign.
- **This metric should <u>always</u> be "<u>Yes</u>".**

Includes:
- Not Applicable.

Excludes:
- Not Applicable.

Thank You!